## Case 16-19274 Doc 1 Filed 06/11/16 Entered 06/11/16 13:26:25 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ■ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:   | Identify Yourself   |  |   |
|-----|---|---|--|---|
|     | _   |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your  | full name   |  |   |
|     | Write   | the name that is on   | Casandra                                 |   |
|     | your government-issued picture identification (for example, your driver's | First name  | First name                               |   |
|     |   | se or passport).  | Middle name                              | Middle name                                   |
|     |   | your picture  | Evans                                    |   |
|     |   | fication to youring with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |   |   |  |   |
| 2.  |   | ther names you have in the last 8 years   |  |   |
|     |   | de your married or<br>en names.   |  |   |
| 3.  | your s<br>numb<br>Indivi  | the last 4 digits of<br>Social Security<br>per or federal<br>idual Taxpayer<br>ification number | xxx-xx-4329                              |   |

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Case number (if known)

Debtor 1 Casandra Evans

|  |   | About Debtor 1:   | A                | bout Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |
|--|---|---|------------------|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  |                  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s) |  |  |  |  |
|  |   | EINs  | E                | INs  |  |  |  |
| 5.   | Where you live                                  | 18720 John Avenue   | lf               | Debtor 2 lives at a different address:   |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | N                | umber, Street, City, State & ZIP Code  |  |  |  |
|  |   | County  |                  | ouah.  |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | lf<br>ir         | Debtor 2's mailing address is different from yours, fill it a here. Note that the court will send any notices to this nailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | N                | umber, P.O. Box, Street, City, State & ZIP Code  |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | C                | theck one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |                  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                   |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |                  | I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |                  |  |  |  |  |

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Case number (if known) Debtor 1 Casandra Evans

| ar        | Tell the Court About  | our Ba | ankruptcy Ca  | ise                                     |  |   |  |  |
|-----------|---|--------|---|---|--|---|--|--|
| <b>7.</b> | The chapter of the Bankruptcy Code you are  |        | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |   |  |   |  |  |
|           | choosing to file under  | ■ Ch   | apter 7   |   |  |   |  |  |
|           |   | ☐ Ch   | apter 11  |   |  |   |  |  |
|           |   | ☐ Ch   | apter 12  |   |  |   |  |  |
|           |   | ☐ Ch   | napter 13   |   |  |   |  |  |
| 3.        | How you will pay the fee  |        | about how yo  | ou may pay. Typ<br>attorney is subn     | ically, if you are paying the fee you                                | with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money lif, your attorney may pay with a credit card or check with |  |  |
|           |   |        |   |   |  | n, sign and attach the Application for Individuals to Pay   |  |  |
|           |   |        | •   |   | s (Official Form 103A).  ived (You may request this option           | only if you are filing for Chapter 7. By law, a judge may,  |  |  |
|           |   |        | but is not req<br>applies to you  | uired to, waive y<br>ur family size an  | our fee, and may do so only if you dyou are unable to pay the fee in | ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out ial Form 103B) and file it with your petition.          |  |  |
| ).        | Have you filed for bankruptcy within the last 8 years?                                | ■ No.  |   |   |  |   |  |  |
|           | last o years:   | L res  | S.<br>District  |   | When   | Case number   |  |  |
|           |   |        | District  |   | When   | Case number   |  |  |
|           |   |        | District  |   | When   | Case number   |  |  |
| 10.       | Are any bankruptcy  | ■ No   |   |   |  |   |  |  |
|           | cases pending or being filed by a spouse who is                                       | □ Yes  |   |   |  |   |  |  |
|           | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |        | <b>5.</b>   |   |  |   |  |  |
|           |   |        | Debtor  |   |  | Relationship to you   |  |  |
|           |   |        | District  |   | When   | Case number, if known   |  |  |
|           |   |        | Debtor  |   |  | Relationship to you   |  |  |
|           |   |        | District  |   | When   | Case number, if known   |  |  |
| 11.       | Do you rent your residence?   | ■ No.  | Go to I   | ine 12.                                 |  |   |  |  |
|           | residence:  | ☐ Yes  | s. Has yo   | our landlord obta                       | ined an eviction judgment against                                    | you and do you want to stay in your residence?  |  |  |
|           |   |        |   | No. Go to line                          | 12.  |   |  |  |
|           |   |        |   | Yes. Fill out <i>Ini</i> bankruptcy pet |  | ludgment Against You (Form 101A) and file it with this  |  |  |

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Desc Main Document Page 4 of 55 Case number (if known) Debtor 1 Casandra Evans Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D).

#### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. |  |
|------|--|
|      |  |
|      |  |

☐ Yes.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Debtor 1 Casandra Evans

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Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Casandra Evans Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50.000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Casandra Evans Signature of Debtor 2 Casandra Evans Signature of Debtor 1 Executed on June 11, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Casandra Evans

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Rayed Yasin                        | Date          | June 11, 2016             |
|--|---------------|---------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY            |
| Rayed Yasin Printed name               |               |                           |
| VLO PC                                 |               |                           |
| Firm name 3818 S Harlem                |               |                           |
| Lyons, IL 60534                        |               |                           |
| Number, Street, City, State & ZIP Code |               |                           |
| Contact phone 312-600-7000             | Email address | docs@victorylawoffice.com |
| 6284297                                |               |                           |
| Bar number & State                     |               |                           |

|                    |                          | Docume            | ent Page 8 of 55 |                                      |
|--------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your  | case:             |                  |                                      |
| Debtor 1           | Casandra Evans           |                   |                  |                                      |
|                    | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2           |                          |                   |                  |                                      |
| Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number        |                          |                   |                  |                                      |
| if known)          |                          |                   |                  | ☐ Check if this is an amended filing |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | assets<br>of what you own |
|-----|--|-------------|---------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 0.00                      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 20,700.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 20,700.00                 |
| Pa  | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 17,129.00                 |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 128,218.9                 |
|     | Your total liabilities   | \$          | 145,347.95                |
| Pa  | t 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 3,785.00                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 3,854.00                  |
| Pai | 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sc | hedules.                  |
|     | ■ Yes  |             |                           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11: <b>OR</b> . Form 122B Line 11: <b>OR</b> . Form 122C-1 Line 14.                              |

6,000.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | claim |
|--|-------|-------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 0.00  |

|  |                                |   | Document   | Page 10 of 55   |  |           |                                   |
|--|--------------------------------|---|--|---|--|-----------|-----------------------------------|
| Fill in thi                              | s information to identify y    | our case and                                    | l this filing:   |   |  |           |                                   |
| Debtor 1                                 | Casandra Eva                   | ans   |  |   |  |           |                                   |
| Dobto. 1                                 | First Name                     |   | iddle Name   | Last Name   |  |           |                                   |
| Debtor 2                                 |                                |   |  |   |  |           |                                   |
| (Spouse, if fi                           | ling) First Name               | Mi  | iddle Name   | Last Name   |  |           |                                   |
| United St                                | ates Bankruptcy Court for t    | he: NORTH                                       | ERN DISTRICT OF IL   | LINOIS  |  |           |                                   |
|  |                                | -   |  |   |  |           |                                   |
| Case nun                                 | nber                           |   |  |   |  |           | Check if this is an               |
|  |                                |   |  |   |  |           | amended filing                    |
|  |                                |   |  |   |  |           |                                   |
| Officia                                  | al Form 106A/B                 |   |  |   |  |           |                                   |
| _  |                                | anartı.   |  |   |  |           |                                   |
| <u>scne</u>                              | dule A/B: Pr                   | operty  |  |   |  |           | 12/15                             |
| hink it fits<br>nformatior<br>Answer eve | best. Be as complete and ac    | ccurate as pos<br>ttach a separat               | sible. If two married peo<br>e sheet to this form. On            | If an asset fits in more than on opple are filing together, both are the top of any additional page | e equally responsible for                | supply    | ing correct                       |
| Fait I. D                                | escribe Lacri Residence, Bui   | nung, Lanu, or                                  | Other Real Estate Tou  | Own or mave an interest in  |  |           |                                   |
| . Do you                                 | own or have any legal or equ   | itable interest                                 | in any residence, buildi   | ng, land, or similar property?  |  |           |                                   |
| ■ No. C                                  | So to Part 2.                  |   |  |   |  |           |                                   |
| _  |                                |   |  |   |  |           |                                   |
| ☐ Yes.                                   | Where is the property?         |   |  |   |  |           |                                   |
| Part 2: D                                | escribe Your Vehicles          |   |  |   |  |           |                                   |
| □ No ■ Yes                               | ans, trucks, tractors, spo     | ort utility veril                               | cies, motorcycles  |   |  |           |                                   |
| 2.1 Mo                                   | ke: Chevy                      |   | Who has an interest in   | the property? Check one   | Do not deduct secured                    | d claims  | or exemptions. Put                |
| 3.1 Ma                                   | Equipov                        |   | _  | the property? Check one   | the amount of any sec                    | cured cla | ims on Schedule D:                |
|  |                                |   | Debtor 1 only  |   | Creditors Who Have C                     | Jaims S   | ecurea by Property.               |
| Yea                                      | proximate mileage:             | 25000   | ☐ Debtor 2 only ☐ Debtor 1 and Debtor                            | 2 only  | Current value of the<br>entire property? |           | rrent value of the rtion you own? |
|  | ner information:               | 23000   | ☐ At least one of the de   | •   | chare property.                          | ро        | tion you own.                     |
|  |                                |   | At least one of the de   | ebiois and another  |  |           |                                   |
|  |                                |   | ☐ Check if this is com   | nmunity property  | \$15,000.00                              | )         | \$15,000.00                       |
|  |                                |   | (see instructions)   |   |  |           |                                   |
| Example  No □ Yes  Add the pages         | es: Boats, trailers, motors, l | personal wate<br>ion you own<br>art 2. Write th | ercraft, fishing vessels, for all of your entries at number here | ehicles, other vehicles, and snowmobiles, motorcycle ac   | cessories                                |           | \$15,000.00                       |
|  | wn or have any legal or e      |   |  | owing items?  |  | Curr      | ent value of the                  |
| Do you o                                 | will of flave ally legal of e  | quitable III(e                                  | reachi any or the follo  | ownig items :   |  | porti     | on you own?                       |
|  |                                |   |  |   |  | Do n      | ot deduct secured                 |
|  |                                |   |  |   |  | ciaim     | ns or exemptions.                 |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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Case number (if known) Document Debtor 1 Casandra Evans Yes. Describe..... \$300.00 General items of household goods and furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... General items of wearing apparel \$250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$550.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ Yes..... Official Form 106A/B Schedule A/B: Property page 2

Case 16-19274

Doc 1

Filed 06/11/16

Entered 06/11/16 13:26:25

Desc Main

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Case number (if known) Document

Debtor 1 Casandra Evans

Cash \$100.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **BOA** \$1,000.00 Checking 17.1. **BOA** \$150.00 17.2. Savings **Credit Union** Chicago Municipal Employee CU \$500.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) \$3,400.00 **Fidelity** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No

Schedule A/B: Property

Official Form 106A/B

page 3

|     |                           | Case 16-19274   | Doc 1           |                                    | Entered 06/11/16 13:26:25                               | Desc Main  |
|-----|---------------------------|---|-----------------|------------------------------------|---|--|
| De  | ebtor 1                   | Casandra Evans  |                 | Document                           | Page 13 of 55 Case number (if known)                    |  |
|     | ☐ Yes.                    | Give specific information a   | about them      |                                    |   |  |
|     |                           | es, copyrights, trademarks<br>ples: Internet domain name                        |                 |                                    |   |  |
|     | _                         | Give specific information a   | about them      |                                    |   |  |
|     | Exam <sub>l</sub><br>■ No | ses, franchises, and other ples: Building permits, exclu                        | usive licenses  |                                    | n holdings, liquor licenses, professional licens        | es   |
| М   | onev or                   | property owed to you?   |                 |                                    |   | Current value of the   |
|     | ,                         | ,   |                 |                                    |   | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref                   | funds owed to you   |                 |                                    |   |  |
|     | _                         | Give specific information a   | bout them, in   | cluding whether you alre           | ady filed the returns and the tax years                 |  |
| 29. |                           | r support<br>ples: Past due or lump sum   | alimony, spo    | usal support, child suppo          | ort, maintenance, divorce settlement, property          | settlement   |
|     | ☐ Yes.                    | Give specific information   | ···             |                                    |   |  |
| 30. | Exam <sub>l</sub>         | amounts someone owes y<br>ples: Unpaid wages, disabil<br>benefits; unpaid loans | ity insurance   | payments, disability bendence else | efits, sick pay, vacation pay, workers' compe           | nsation, Social Security                                     |
|     | ■ No<br>□ Yes             | Give specific information   |                 |                                    |   |  |
|     |                           | sts in insurance policies   |                 |                                    |   |  |
|     |                           |   | e insurance; I  | health savings account (l          | HSA); credit, homeowner's, or renter's insurar          | nce  |
|     |                           | Name the insurance compa  | any of each p   | olicy and list its value.          |   |  |
|     |                           | Com   | pany name:      |                                    | Beneficiary:  | Surrender or refund<br>value:                                |
|     | If you some               | terest in property that is care the beneficiary of a living one has died.       |                 |                                    | ed<br>surance policy, or are currently entitled to rece | eive property because  |
|     | ■ No<br>□ Yes.            | Give specific information   |                 |                                    |   |  |
| 33. |                           | s against third parties, wh   |                 |                                    | it or made a demand for payment                         |  |
|     | ■ No                      | prod. Adoldenta, employmen  | it diopates, in | odranoc olamo, or righte           | , to suc  |  |
|     | ☐ Yes.                    | Describe each claim   |                 |                                    |   |  |
| 34. | Other                     | contingent and unliquidat   | ed claims of    | every nature, including            | g counterclaims of the debtor and rights to             | set off claims   |
|     | ☐ Yes.                    | Describe each claim   |                 |                                    |   |  |
| 35. | _ `                       | nancial assets you did not  | t already list  |                                    |   |  |
|     | ■ No<br>□ Yes.            | Give specific information   |                 |                                    |   |  |
| 36  |                           |   |                 |                                    | ny entries for pages you have attached                  | \$5,150.00   |

Official Form 106A/B Schedule A/B: Property page 4

|                |                    | Case 16-19274  | Doc 1          | Filed 06/11/16<br>Document  | Entered 0            | 6/11/16 13:26:25<br>55<br>Case number (if known) | Desc Main       |           |
|----------------|--------------------|--|----------------|-----------------------------|----------------------|--|-----------------|-----------|
| Debt           | or 1               | Casandra Evans   |                |                             |                      | Case number (if known)                           |                 |           |
| Part 5         | Des                | cribe Any Business-Related   | Property You   | Own or Have an Interest     |                      |  |                 |           |
| 37. <b>D</b> o | o you o            | wn or have any legal or equi   | table interest | in any business-related p   | roperty?             |  |                 |           |
|                | No. Go             | to Part 6.   |                |                             |                      |  |                 |           |
|                | Yes. G             | o to line 38.  |                |                             |                      |  |                 |           |
|                |                    |  |                |                             |                      |  |                 |           |
| Part 6         |                    | cribe Any Farm- and Comme<br>u own or have an interest in fa                     |                |                             | n or Have an Interes | st In.   |                 |           |
| 46. <b>D</b>   | o you              | own or have any legal or   | equitable ir   | nterest in any farm- or o   | commercial fishir    | ng-related property?                             |                 |           |
|                | No. 0              | Go to Part 7.  | •              | -                           |                      |  |                 |           |
| [              | ☐ Yes.             | Go to line 47.   |                |                             |                      |  |                 |           |
|                |                    |  |                |                             |                      |  |                 |           |
| Part 7         | 7:                 | Describe All Property You  | Own or Have a  | an Interest in That You Did | Not List Above       |  |                 |           |
| E              | Examp.<br>No       | have other property of an des: Season tickets, country Give specific information | y club memb    |                             |                      |  |                 |           |
| 54.            | Add th             | ne dollar value of all of yo   | our entries fi | om Part 7. Write that n     | umber here           |  |                 | \$0.00    |
| Part 8         | B:                 | List the Totals of Each Part o   | of this Form   |                             |                      |  |                 |           |
| 55.            | Part 1             | : Total real estate, line 2  |                |                             |                      |  |                 | \$0.00    |
| 56.            | Part 2             | : Total vehicles, line 5   |                |                             | \$15,000.00          |  |                 |           |
| 57.            | Part 3             | : Total personal and hous  | sehold items   | s, line 15                  | \$550.00             |  |                 |           |
| 58.            | Part 4             | : Total financial assets, li   | ne 36          |                             | \$5,150.00           |  |                 |           |
| 59.            | Part 5             | : Total business-related p   | property, line | e 45                        | \$0.00               |  |                 |           |
| 60.            | Part 6             | : Total farm- and fishing-   | related prop   | erty, line 52               | \$0.00               |  |                 |           |
| 61.            | Part 7             | : Total other property not   | t listed, line | 54 +                        | \$0.00               |  |                 |           |
| 62.            | Total <sub>I</sub> | personal property. Add lir   | nes 56 throug  | h 61                        | \$20,700.00          | Copy personal property to                        | otal <b>\$2</b> | 20,700.00 |
| 63.            | Total              | of all property on Schedu  | ile A/B. Add   | line 55 + line 62           |                      |  | \$20,7          | 700.00    |

Official Form 106A/B Schedule A/B: Property page 5

|                     |                          | 170.0.11111.      | 111 1 (11)  |                     |
|---------------------|--------------------------|-------------------|-------------|---------------------|
| Fill in this infor  | mation to identify your  | case:             |             |                     |
| Debtor 1            | Casandra Evans           |                   |             |                     |
|                     | First Name               | Middle Name       | Last Name   |                     |
| Debtor 2            |                          |                   |             |                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                     |
| Case number _       |                          |                   |             |                     |
| (if known)          |                          |                   |             | Check if this is an |
|                     |                          |                   |             | amended filing      |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | otions are | you claiming? | Check one only | , even if | your spouse is | filing with | you. |
|----|--------------------|------------|---------------|----------------|-----------|----------------|-------------|------|
|----|--------------------|------------|---------------|----------------|-----------|----------------|-------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| General items of household goods and furnishings                                    | \$300.00                             |     | \$300.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| General items of wearing apparel  | \$250.00                             |     | \$250.00  | 735 ILCS 5/12-1001(a)              |
| Life from Schedule PVD. 11.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1   | \$100.00                             |     | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Ellie Holli Genedale FAB. 1911  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: BOA Line from Schedule A/B: 17.1  | \$1,000.00                           |     | \$1,000.00  | 735 ILCS 5/12-1001(b)              |
| Ente nom somedate 702. TTT  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Savings: BOA Line from Schedule A/B: 17.2   | \$150.00                             |     | \$150.00  | 735 ILCS 5/12-1001(b)              |
| Line nom Schedule PVD. 11.2   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property

Copy the value from Schedule A/B

401(k): Fidelity

\$3,400.00

Sandra Evans

Current value of the portion you own
Copy the value from Schedule A/B

\$3,400.00

\$3,400.00

|    |   | Schedule A/B               |        |   |                    |
|----|---|----------------------------|--------|---|--------------------|
|    | 401(k): Fidelity<br>Line from <i>Schedule A/B</i> : 21.1  | \$3,400.00                 |        | \$3,400.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  ■ No □ Yes. Did you acquire the property cover □ No □ Yes | 3 years after that for cas | ses fi | •   | ,                  |

|   | Case                            | 16-19274                         | Doc 1                      | Filed 06/11/16<br>Document   | Entered<br>Page 17 | l 06/11/16 13:2   | 26:25 I                           | Desc M    | 1ain                              |
|---|---------------------------------|----------------------------------|----------------------------|--|--------------------|---|-----------------------------------|-----------|-----------------------------------|
| Fill in thi                             | s informatio                    | n to identify you                | ır case:                   | 120000000000000000000000000000000000000  | 1 1 1 1 1 1 1      | 171 . 7. 7  |                                   |           |                                   |
| Debtor 1                                | _                               | asandra Evan                     | _                          | ddle Name  | Last Name          |   |                                   |           |                                   |
| Debtor 2<br>(Spouse if, f               | iling) Fir                      | st Name                          | Mic                        | ddle Name  | Last Name          |   |                                   |           |                                   |
| United St                               | ates Bankrup                    | otcy Court for the               | : NORTH                    | IERN DISTRICT OF ILL   | INOIS              |   |                                   |           |                                   |
| Case nur<br>(if known)                  | mber                            |                                  |                            |  |                    |   | ı                                 |           | if this is an<br>ded filing       |
|   | l Form 10<br>dule D:            |                                  | s Who I                    | Have Claims S  | Secured            | by Property   | <u>'</u>                          |           | 12/15                             |
|   | copy the Addi                   |                                  |                            | d people are filing togethe<br>the entries, and attach it t  |                    |   |                                   |           |                                   |
| . Do any o                              | creditors have                  | claims secured by                | y your prope               | rty?   |                    |   |                                   |           |                                   |
|   | o. Check this                   | box and submit t                 | his form to t              | he court with your other   | schedules. Yo      | u have nothing else to  | report on the                     | nis form. |                                   |
| ■ Ye                                    | es. Fill in all o               | f the information                | below.                     |  |                    |   |                                   |           |                                   |
| Part 1:                                 | List All Sec                    | cured Claims                     |                            |  |                    |   |                                   |           |                                   |
| for each cl                             | aim. If more th                 | an one creditor has              | s a particular o           | e secured claim, list the crec<br>claim, list the other creditors<br>ording to the creditor's name | in Part 2. As      | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of co that suppor |           | Column C Unsecured portion If any |
|   | pital One A                     | uto Finan                        | Describe tl                | he property that secures t   | he claim:          | \$17,129.00   | \$15                              | ,000.00   | \$2,129.00                        |
| Cred                                    | litor's Name                    |                                  | 2014 Ch                    | evy Equinox 25000 r  | niles              |   |                                   |           |                                   |
|   | 01 Dallas Pl<br>no, TX 750      |                                  | As of the dapply.  Conting | late you file, the claim is:   | Check all that     |   |                                   |           |                                   |
|   | ber, Street, City, S            |                                  | ☐ Unliquid                 | d  |                    |   |                                   |           |                                   |
|   | s the debt? (                   | леск опе.                        | _                          | lien. Check all that apply.  |                    |   |                                   |           |                                   |
| <ul><li>Debtor</li><li>Debtor</li></ul> |                                 |                                  | An agre                    | ement you made (such as r<br>n)  | nortgage or secu   | ired  |                                   |           |                                   |
|   | 1 and Debtor 2                  | only                             | _                          | y lien (such as tax lien, med  | chanic's lien)     |   |                                   |           |                                   |
| _                                       |                                 | otors and another                |                            | ent lien from a lawsuit  |                    |   |                                   |           |                                   |
| ☐ Check                                 | if this claim re<br>nunity debt |                                  | _                          | ncluding a right to offset)  |                    |   |                                   |           |                                   |
|   |                                 | Opened<br>5/10/14<br>Last Active |                            |  |                    |   |                                   |           |                                   |
| Date debt                               | was incurred                    | 4/22/16                          | Las                        | t 4 digits of account numb   | ner 1001           |   |                                   |           |                                   |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,129.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$17,129.00

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                       | 0430 10 13214   | Document Document   | Page 18         | 8 of 55                                | 5 500          | o man                    |
|-----------------------|---|---|-----------------|--|----------------|--------------------------|
| Fill in this          | s information to identify your o  |   |                 |  |                |                          |
| Debtor 1              | Casandra Evans  |   |                 |  |                |                          |
|                       | First Name  | Middle Name   | Last Name       |  |                |                          |
| Debtor 2              |   |   |                 |  |                |                          |
| (Spouse if, fil       | ing) First Name   | Middle Name   | Last Name       |  |                |                          |
| United Sta            | ates Bankruptcy Court for the:  | NORTHERN DISTRICT OF ILL  | INOIS           |  |                |                          |
| Case num              | her   |   |                 |  |                |                          |
| (if known)            |   |   |                 |  | ☐ CI           | neck if this is an       |
|                       |   |   |                 |  | ar             | nended filing            |
| Official              | Form 106E/E   |   |                 |  |                |                          |
|                       | Form 106E/F   | ha Haya Unaasurad (   | Claima          |  |                | 10/15                    |
|                       |   | ho Have Unsecured  e Part 1 for creditors with PRIORITY   |                 |  |                | 12/15                    |
| Schedule Deft. Attach | : Creditors Who Have Claims Sect<br>the Continuation Page to this pag<br>ase number (if known). | ired Leases (Official Form 106G). Do<br>ured by Property. If more space is n<br>e. If you have no information to rep            | eeded, copy t   | the Part you need, fill it out, nur    | nber the ent   | ries in the boxes on the |
| Part 1:               | List All of Your PRIORITY Un  | secured Claims  |                 |  |                |                          |
| `                     | r creditors have priority unsecured   | d claims against you?   |                 |  |                |                          |
| No.                   | Go to Part 2.   |   |                 |  |                |                          |
| ☐ Yes                 |   |   |                 |  |                |                          |
| Part 2:               | List All of Your NONPRIORIT   | Y Unsecured Claims  |                 |  |                |                          |
| 3. Do any             | creditors have nonpriority unsec  | cured claims against you?   |                 |  |                |                          |
| □ No.                 | You have nothing to report in this pa   | art. Submit this form to the court with y   | our other sche  | edules.                                |                |                          |
| ■ Yes                 | 3.  |   |                 |  |                |                          |
| unsecu                | red claim, list the creditor separately<br>ne creditor holds a particular claim, li             | aims in the alphabetical order of the<br>y for each claim. For each claim listed,<br>st the other creditors in Part 3.lf you ha | identify what t | ype of claim it is. Do not list claims | s already incl | uded in Part 1. If more  |
|                       |   |   |                 |  |                | Total claim              |
| 4.1 <b>A</b>          | FD Frankfort  | Last 4 digits of acco   | unt number      | 3414                                   |                | \$540.00                 |
|                       | onpriority Creditor's Name  | When was the debt   | in a            | 04/2046                                |                |                          |
|                       | 1188 S LaGrange Rd<br>rankfort, IL 60423  | when was the debt   | incurrea r      | 04/2016                                |                |                          |
|                       | umber Street City State Zlp Code  | As of the date you fi   | le, the claim i | s: Check all that apply                |                |                          |
| W                     | ho incurred the debt? Check one.  |   |                 |  |                |                          |
|                       | Debtor 1 only   | ☐ Contingent  |                 |  |                |                          |
|                       | Debtor 2 only   | ☐ Unliquidated  |                 |  |                |                          |
|                       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                 |  |                |                          |
|                       | $oldsymbol{l}$ At least one of the debtors and and  | other Type of NONPRIORI   | TY unsecured    | d claim:                               |                |                          |
|                       | Check if this claim is for a comm   | munity  |                 |  |                |                          |
|                       | ebt<br>the claim subject to offset?   | Obligations arising report as priority clain  |                 | ration agreement or divorce that y     | ou did not     |                          |
|                       | I <sub>No</sub>   |   |                 | g plans, and other similar debts       |                |                          |
|                       | l Yes   | Other. Specify  | •               | <u>.</u>                               |                |                          |
| _                     |   | Uther. Specify  |                 |  |                |                          |

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Debtor 1 Casandra Evans Case number (if know) 4.2 \$30.00 **Arbor Center for Eyecare** Last 4 digits of account number 4296 Nonpriority Creditor's Name 2640 W 183rd ST When was the debt incurred? 11/2011 Homewood, IL 60430 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.3 **Blitt and Gaines** Last 4 digits of account number 1229 \$1,610.37 Nonpriority Creditor's Name 661 Glenn Ave When was the debt incurred? 04/2016 Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collections/Portfolio Other, Specify 4.4 Cavalry Portfolio Serv Last 4 digits of account number \$974.00 0189 Nonpriority Creditor's Name Opened 5/23/11 Last Active Po Box 27288 When was the debt incurred? 10/01/10 Tempe, AZ 85285 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collection Attorney Hsbc Bank Nevada Orc

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Document Page 20 of 55 Debtor 1 Casandra Evans Case number (if know) 4.5 Unknown Chase Mtg Last 4 digits of account number 8911 Nonpriority Creditor's Name Opened 4/14/08 Last Active Po Box 24696 When was the debt incurred? 5/01/14 Columbus, OH 43224 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Real Estate Mortgage/Foreclosure 4.6 **City of Country Club Hills** \$480.00 Last 4 digits of account number 5272 Nonpriority Creditor's Name PO Box 1368 When was the debt incurred? 05/2011 Elmhurst, IL 60126 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Ambulance Other, Specify 4.7 Credit One Bank Na 1854 \$321.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 5/05/15 Last Active Po Box 98875 When was the debt incurred? 4/08/16 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

■ Other. Specify Credit Card

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Casandra Evans Case number (if know) 4.8 \$482.99 **Creditors Financial Group** Last 4 digits of account number 6890 Nonpriority Creditor's Name PO Box 440290 When was the debt incurred? 01/01/2000 Aurora, CO 80044 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.9 **Early Intervention** \$465.08 Last 4 digits of account number 6541 Nonpriority Creditor's Name PO Box 3725 When was the debt incurred? 12/2015 Springfield, IL 62708 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Tuition Other, Specify 4.1 **Enhanced Recovery Co L** 3420 \$237.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 2/15/16 Last Active 8014 Bayberry Rd When was the debt incurred? 1/01/15 Jacksonville, FL 32256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney At T ☐ Yes

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Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No ☐ Yes

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collections/Northwestern

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Debtor 1 Casandra Evans Case number (if know) 4.1 **Health Lab** 4592 \$26.00 Last 4 digits of account number 4 Nonpriority Creditor's Name 25 N Winfield Rd When was the debt incurred? 02/2016 Winfield, IL 60190 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Medical ☐ Yes 4.1 **Homeg Servicing** 5627 \$73,879.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 12/24/04 Last Active Po Box 13716 When was the debt incurred? 1/01/10 Sacramento, CA 95853 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No Real Estate Mortgage/Foreclosure ☐ Yes 4.1 Katerji Pediatric Neurology \$41.80 1877 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 3727 When was the debt incurred? 09/2011 Oak Brook, IL 60522 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify Medical

Document Page 24 of 55 Debtor 1 Casandra Evans Case number (if know) 4.1 \$370.00 Kohls/Capone 6840 Last 4 digits of account number Nonpriority Creditor's Name Opened 11/27/08 Last Active N56 W 17000 Ridgewood Dr When was the debt incurred? 1/01/09 Menomonee Falls, WI 53051 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes McMahan-Clemis Ins of 4.1 \$396.80 9597 8 Otalaryngolog Last 4 digits of account number Nonpriority Creditor's Name 151 N Michigan Suite 913 04/2016 When was the debt incurred? Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.1 8466 \$331.65 **Medical Recovery Specialists** Last 4 digits of account number Nonpriority Creditor's Name 2250 E Devon Ave Ste 352 01/2011 When was the debt incurred? Des Plaines, IL 60018 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

No

☐ Yes

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collections/Medical

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Debtor 1 Casandra Evans Case number (if know) 4.2 Midland Funding 5520 \$34,886.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 6/10/11 Last Active 2365 Northside Dr Ste 30 When was the debt incurred? 8/01/09 San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Ge Money** ☐ Yes Other. Specify Bank 4.2 Midland Funding 0133 \$3,138.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 8/08/13 Last Active 2365 Northside Dr Ste 30 When was the debt incurred? 4/01/10 San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Fia Card** Other. Specify Services N. ☐ Yes 4.2 Midland Funding 0742 \$1,193.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 3/28/12 Last Active 2365 Northside Dr Ste 30 When was the debt incurred? 2/01/10 San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Chase Bank** Other. Specify ☐ Yes Usa N.A.

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Case number (if know)

| Debtor | 1 Casandra Evans  |  | Case number (if know)                         |                |
|--------|---|--|---|----------------|
| 4.2    | Midland Funding   | Last 4 digits of account number                              | 1629  | \$483.00       |
| 3      | Nonpriority Creditor's Name   |  |   | <b>4.00.00</b> |
|        | 2365 Northside Dr Ste 30<br>San Diego, CA 92108                     | When was the debt incurred?                                  | Opened 5/14/12 Last Active 2/01/10            |                |
|        | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                         | is: Check all that apply                      |                |
|        | Debtor 1 only   | ☐ Contingent   |   |                |
|        | Debtor 2 only   | ☐ Unliquidated   |   |                |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|        | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                                      |                |
|        | ☐ Check if this claim is for a community                            | ☐ Student loans  |   |                |
|        | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                |
|        | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |                |
|        | ☐ Yes   | ■ Other. Specify Usa N.A.                                    | Company Account Chase Bank                    |                |
|        |   |  |   |                |
| 4.2    | Northwestern Medicine Nonpriority Creditor's Name                   | Last 4 digits of account number                              | 0525  | \$34.93        |
|        | 28155 Network Place<br>Chicago, IL 60673                            | When was the debt incurred?                                  | 05/2016                                       |                |
|        | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                         | is: Check all that apply                      |                |
|        | Debtor 1 only   | ☐ Contingent   |   |                |
|        | Debtor 2 only   | Unliquidated   |   |                |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|        | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                                      |                |
|        | ☐ Check if this claim is for a community                            | ☐ Student loans  |   |                |
|        | debt  | ☐ Obligations arising out of a sepa                          | ration agreement or divorce that you did not  |                |
|        | Is the claim subject to offset?                                     | report as priority claims                                    |   |                |
|        | No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts              |                |
|        | Yes   | Other. Specify Medical                                       |   |                |
| 4.2    | Portfolio Recovery Ass  | Last 4 digits of account number                              | 3655  | \$1,120.00     |
|        | Nonpriority Creditor's Name   |  | Opened 8/26/10 Last Active                    |                |
|        | 120 Corporate Blvd Ste 1<br>Norfolk, VA 23502                       | When was the debt incurred?                                  | 2/01/10                                       |                |
|        | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                         | is: Check all that apply                      |                |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |                |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |                |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                |
|        | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                                      |                |
|        | ☐ Check if this claim is for a community                            | ☐ Student loans  |   |                |
|        | debt Is the claim subject to offset?                                | report as priority claims                                    | ration agreement or divorce that you did not  |                |
|        | ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts              |                |
|        | Yes   | Factoring ( Other. Specify Bank                              | Company Account Ge Money                      |                |

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Case number (if know)

Debtor 1 Casandra Evans 4.2 **Portfolio Recovery Ass** 8540 \$1,090.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 10/18/10 Last Active 120 Corporate Blvd Ste 1 When was the debt incurred? 4/01/10 Norfolk, VA 23502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Capital One** ☐ Yes Other. Specify **Bank Usa** 4.2 **Portfolio Recovery Ass** 6695 \$242.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/19/15 Last Active 120 Corporate Blvd Ste 1 When was the debt incurred? 8/01/14 Norfolk, VA 23502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Synchrony** Other. Specify Bank ☐ Yes 4.2 Radiology Imaging Consultants 0769 \$60.93 Last 4 digits of account number 8 Nonpriority Creditor's Name 75 Remittance Dr Dept 1324 When was the debt incurred? 04/22/2016 Chicago, IL 60675-4000 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify

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Debtor 1 Casandra Evans Case number (if know) 4.2 Superior 7411 \$3,006.00 Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 1407 When was the debt incurred? 06/2011 Carol Stream, IL 60128 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Ambulance ☐ Yes The University of Chicago 4.3 6300 \$83.40 O **Physician** Last 4 digits of account number Nonpriority Creditor's Name 75 Remittance Dr #1385 When was the debt incurred? 08/2010 Chicago, IL 60675 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.3 0188 \$65.00 **Trustmark Recovery** Last 4 digits of account number Nonpriority Creditor's Name 541 Otis Bowen Dr When was the debt incurred? 04/2011 Munster, IN 46321 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community deht ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Collections

Document Page 29 of 55 Case number (if know) Debtor 1 Casandra Evans University of Chicago Medical 4.3 9414 \$331.00 2 Last 4 digits of account number Cente Nonpriority Creditor's Name 15965 Collections Center Dr When was the debt incurred? 07/2011 Chicago, IL 60693 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.3 Vision Financial Servi 0244 \$51.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 12/10/15 Last Active 1900 W Severs Rd When was the debt incurred? 12/01/14 La Porte, IN 46350 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Ingalls Memorial Hos ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim** 6a. Domestic support obligations 6a. 0.00 Total claims from Part 1 Taxes and certain other debts you owe the government 6b. 0.00 Claims for death or personal injury while you were intoxicated 6c. 0.00 6c. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 

Total claims from Part 2

Schedule E/F: Creditors Who Have Unsecured Claims

Obligations arising out of a separation agreement or divorce that

6f.

6g.

Student loans

you did not report as priority claims

0.00

0.00

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Debtor 1 Casandra Evans

| 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$<br>0.00       |
|-----|---|-----|------------------|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$<br>128,218.95 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$<br>128,218.95 |

Official Form 106 E/F

|                     |                          | 1700.11111        | 111 FAUE 3 FUL 3 |  |
|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                  |  |
| Debtor 1            | Casandra Evans           |                   |                  |  |
|                     | First Name               | Middle Name       | Last Name        |  |
| Debtor 2            |                          |                   |                  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number         |                          |                   |                  |  |
| (if known)          |                          |                   |                  |  |
|                     |                          |                   |                  |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the c<br>er, Street, City, State and ZIP Co | ontract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|---|------------------|---|
| 2.1 |           |                           |   |                  |   |
|     | Name      |                           |   |                  | <del>_</del>                            |
|     | Name      |                           |   |                  |   |
|     |           |                           |   |                  |   |
|     | Number    | Street                    |   |                  | _                                       |
|     |           |                           |   |                  |   |
|     | City      |                           | State   | ZIP Code         | _                                       |
|     | City      |                           | State   | ZIF COUE         |   |
| 2.2 |           |                           |   |                  | _                                       |
|     | Name      |                           |   |                  |   |
|     |           |                           |   |                  |   |
|     |           |                           |   |                  | _                                       |
|     | Number    | Street                    |   |                  |   |
|     |           |                           |   |                  |   |
|     | City      |                           | State   | ZIP Code         |   |
| 2.3 |           |                           |   |                  |   |
|     | Name      |                           |   |                  | _                                       |
|     | Name      |                           |   |                  |   |
|     |           |                           |   |                  |   |
|     | Number    | Street                    |   |                  | _                                       |
|     |           |                           |   |                  |   |
|     | City      |                           | State   | ZIP Code         | _                                       |
|     | City      |                           | State   | ZIP Code         |   |
| 2.4 |           |                           |   |                  | <u>_</u>                                |
|     | Name      |                           |   |                  |   |
|     |           |                           |   |                  |   |
|     |           |                           |   |                  | <u> </u>                                |
|     | Number    | Street                    |   |                  |   |
|     |           |                           |   |                  |   |
|     | City      |                           | State   | ZIP Code         | _                                       |
| 2.5 |           |                           |   |                  |   |
|     | Name      |                           |   |                  | _                                       |
|     | Name      |                           |   |                  |   |
|     |           |                           |   |                  |   |
|     | Number    | Street                    |   |                  | _                                       |
|     |           | 211001                    |   |                  |   |
|     | City      |                           | Ctoto   | ZID Codo         | _                                       |
|     | City      |                           | State   | ZIP Code         |   |

|                                  |   | Docume   | nt Page 32 d              | of 55   |   |
|----------------------------------|---|--|---------------------------|---|---|
| Fill in this                     | information to identify your  | case:  |                           |   |   |
| Debtor 1                         | Casandra Evans  |  |                           |   |   |
| Debior 1                         | First Name  | Middle Name  | Last Name                 |   |   |
| Debtor 2                         |   |  |                           |   |   |
| (Spouse if, filin                | g) First Name   | Middle Name  | Last Name                 |   |   |
| United Stat                      | tes Bankruptcy Court for the:   | NORTHERN DISTRICT                                      | OF ILLINOIS               |   |   |
| Cooo numb                        | nor.  |  |                           |   |   |
| Case numb<br>(if known)          | Dei   |  |                           |   | ☐ Check if this is an   |
|                                  |   |  |                           |   | amended filing  |
| Sched<br>Codebtors<br>Deople are |   | e also liable for any deb<br>ally responsible for supp | lying correct informat    | tion. If more space is ne                           | 12/15 e as possible. If two married eded, copy the Additional Page, of any Additional Pages, write  |
|                                  | and case number (if known).   |  |                           | o and pager on the top                              | o, , ,  |
| 1. Do y                          | you have any codebtors? (If y   | ou are filing a joint case,                            | do not list either spouse | as a codebtor.                                      |   |
| ■ No                             |   |  |                           |   |   |
| ☐ Yes                            |   |  |                           |   |   |
| Arizona<br>                      | nin the last 8 years, have you<br>a, California, Idaho, Louisiana,<br>Go to line 3. |  |                           |   | states and territories include  |
|                                  | . Did your spouse, former spou  | se, or legal equivalent live                           | with you at the time?     |   |   |
| in line<br>Form 1<br>out Co      | 2 again as a codebtor only if   | that person is a guaran                                | tor or cosigner. Make     | sure you have listed the<br>06G). Use Schedule D, S | with you. List the person shown<br>e creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fill<br>litor to whom you owe the debt |
| N                                | Name, Number, Street, City, State and ZII   | P Code   |                           | Check all schedules                                 | •   |
| 3.1                              |   |  |                           | ☐ Schedule D, line                                  |   |
|                                  | Name  |  |                           | ☐ Schedule E/F, lin                                 |   |
|                                  |   |  |                           | ☐ Schedule G, line                                  |   |
| <u> </u>                         | Number Street   |  |                           | _   |   |
| (                                | City  | State  | ZIP Code                  |   |   |
| 2.2                              |   |  |                           | Ostantila D. Car                                    |   |
| 3.2                              | Name  |  |                           | _ ☐ Schedule D, line ☐ Schedule E/F, lin            |   |
|                                  |   |  |                           | ☐ Schedule E/F, IIII                                |   |
| _                                | North an  |  |                           |   | <del></del>   |
|                                  | Number Street   | State  | ZIP Code                  |   |   |

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| Fill              | in this information to identify your c  | ase.                       |                                      |           |       | Ī              |                |  |              |         |
|-------------------|---|----------------------------|--------------------------------------|-----------|-------|----------------|----------------|--|--------------|---------|
|                   | btor 1 Casandra E   |                            |                                      |           |       |                |                |  |              |         |
|                   | btor 2<br>buse, if filing)  |                            |                                      |           |       |                |                |  |              |         |
| Uni               | ited States Bankruptcy Court for the  | : NORTHERN DISTRIC         | CT OF ILLINOIS                       |           |       |                |                |  |              |         |
| (If kr            | se number   |                            |                                      |           |       | ☐ An<br>☐ A s  |                | d filing<br>ant showing po<br>as of the follow |              | hapter  |
|                   | <u>fficial Form 106l</u><br>chedule I: Your Inc   | om o                       |                                      |           |       | MN             | 1 / DD/ Y      | YYY  |              | 12/15   |
| spo<br>atta<br>Pa | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | ır spouse is not filing wi | ith you, do not includ               | le infori | natio | on about y     | our spo        | use. If more                                   | space is ne  | eeded,  |
| 1.                | Fill in your employment information.  |                            | Debtor 1                             |           |       | [              | Debtor 2       | or non-filing                                  | spouse       |         |
|                   | If you have more than one job, attach a separate page with  | Employment status          | ■ Employed                           |           |       |                | ☐ Emplo        | •  |              |         |
|                   | information about additional employers.   |                            | ☐ Not employed                       |           |       | L              | ☐ Not employed |  |              |         |
|                   | Include part-time, seasonal, or self-employed work.   | Occupation Employer's name | Consultant BCBS Association          | on        |       |                |                |  |              |         |
|                   | Occupation may include student or homemaker, if it applies.   | Employer's address         | 225 N Michigan A<br>Chicago, IL 6060 |           |       |                |                |  |              |         |
|                   |   | How long employed t        | here? 7 years                        |           |       |                | _              |  |              |         |
| Pai               | t 2: Give Details About Mo  | nthly Income               |                                      |           |       |                |                |  |              |         |
|                   | mate monthly income as of the duse unless you are separated.  | ate you file this form. If | you have nothing to re               | port for  | any I | line, write \$ | 30 in the      | space. Includ                                  | e your non-  | filing  |
|                   | ou or your non-filing spouse have mee space, attach a separate sheet to   |                            | ombine the information               | for all e | emplo | oyers for th   | at perso       | n on the lines                                 | below. If yo | ou need |
|                   |   |                            |                                      |           |       | For Debte      | or 1           | For Debtor non-filing                          |              |         |
| 2.                | List monthly gross wages, sala deductions). If not paid monthly,  |                            |                                      | 2.        | \$    | 6,0            | 00.00          | \$   | N/A          |         |
| 3.                | Estimate and list monthly over  | time pay.                  |                                      | 3.        | +\$   |                | 0.00           | +\$  | N/A          |         |

6,000.00

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1                     | Casandra Evans  | -    | C          | ase                         | number (if known) |              |                          |                |                  |
|-----|---------------------------|---|------|------------|-----------------------------|-------------------|--------------|--------------------------|----------------|------------------|
|     |                           |   |      |            | For                         | Debtor 1          |              | or Debtor<br>on-filing s |                |                  |
|     | Cop                       | by line 4 here  | 4.   |            | \$                          | 6,000.00          | \$           |                          | N/A            | _                |
| 5.  | List                      | all payroll deductions:   |      |            |                             |                   |              |                          |                |                  |
|     | 5a.                       | Tax, Medicare, and Social Security deductions   | 5a   | a.         | \$                          | 1,290.00          | \$           |                          | N/A            |                  |
|     | 5b.                       | Mandatory contributions for retirement plans  | 5b   |            | ·<br>\$                     | 0.00              | -            |                          | N/A            | _                |
|     | 5c.                       | Voluntary contributions for retirement plans  | 50   | <b>)</b> . | \$                          | 550.00            | \$           |                          | N/A            | <del>-</del>     |
|     | 5d.                       | Required repayments of retirement fund loans  | 50   | ı.         | \$                          | 0.00              | \$           |                          | N/A            | -                |
|     | 5e.                       | Insurance   | 5e   |            | \$_                         | 375.00            | \$           |                          | N/A            | <u> </u>         |
|     | 5f.                       | Domestic support obligations  | 5f.  |            | \$                          | 0.00              |              |                          | N/A            | _                |
|     | 5g.                       | Union dues  | 5g   |            | \$_                         | 0.00              | - \$_        |                          | N/A            | _                |
|     | 5h.                       | Other deductions. Specify:  | _ 5h | 1.+        | \$                          | 0.00              | + \$         |                          | N/A            | <u>-</u>         |
| 6.  | Add                       | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   |            | \$_                         | 2,215.00          | . \$_        |                          | N/A            | <u>-</u>         |
| 7.  | Cal                       | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.   |            | \$                          | 3,785.00          | . \$_        |                          | N/A            | _                |
| 8.  | List<br>8a.               | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a   |            | \$                          | 0.00              | \$           |                          | NI/A           |                  |
|     | 8b.                       | Interest and dividends  | 8b   |            | <sub>\$</sub> —             | 0.00              | - \$-<br>\$- |                          | N/A<br>N/A     | _                |
|     | 8c.                       | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |      |            | \$<br>\$                    | 0.00              | -            |                          | N/A            | _                |
|     | 8d.                       | Unemployment compensation   | 80   |            | $\overset{\mathtt{v}}{\$}-$ | 0.00              | - : -        |                          | N/A            | _                |
|     | 8e.                       | Social Security   | 8e   |            | $\dot{\$}^-$                | 0.00              | \$           |                          | N/A            | _                |
|     | 8f.                       | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f.  |            | \$                          | 0.00              | \$_          |                          | N/A            | _                |
|     | 8g.<br>8h.                | Pension or retirement income  | 89   | ,          | \$_                         | 0.00              | _            |                          | N/A            | _                |
|     | OII.                      | Other monthly income. Specify:  | _ 01 | ı.+<br>—   | <b>Ф</b> _                  | 0.00              | , + J        |                          | N/A            |                  |
| 9.  | Add                       | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   | \$         |                             | 0.00              | \$_          |                          | N/             | A                |
| 10. | Cal                       | culate monthly income. Add line 7 + line 9.   | 10.  | \$         |                             | 3,785.00 + \$     |              | N/A                      | = \$           | 3,785.00         |
|     |                           | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |      | Ť-         |                             | 5,7 55.55         |              | 14/1                     | * -            | 0,100.00         |
| 11. | Sta<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:       | depe |            | ,                           | •                 | •            | Schedule                 | e J.<br>+\$    | 0.00             |
| 12. |                           | If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain lies  |      |            |                             |                   |              | e.<br>12.                | \$             | 3,785.00         |
| 13. | Do                        | you expect an increase or decrease within the year after you file this form No.   | ?    |            |                             |                   |              |                          | Combi<br>month | ned<br>ly income |
|     | _                         | Vac Evolain:  |      |            |                             |                   |              |                          |                |                  |

Official Form 106I Schedule I: Your Income page 2

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| Fill       | in this informa            | ition to identify yo                | ur ca <u>se:</u>       |   |                       |                 |  |   |
|------------|----------------------------|-------------------------------------|------------------------|---|-----------------------|-----------------|--|---|
|            | tor 1                      | Casandra Ev                         |                        |   |                       | Checl           | k if this is:                          |   |
|            |                            |                                     |                        |   |                       | _               | An amended filing                      |   |
|            | tor 2<br>ouse, if filing)  |                                     |                        |   |                       |                 | A supplement shov<br>I3 expenses as of | ving postpetition chapter the following date: |
| Unit       | ed States Bankı            | ruptcy Court for the:               | NORTH                  | HERN DISTRICT OF ILLIN  | OIS                   | 1               | MM / DD / YYYY                         |   |
| Cas        | e number                   |                                     |                        |   |                       |                 |  |   |
|            | nown)                      |                                     |                        |   |                       |                 |  |   |
| Of         | fficial Fo                 | rm 106J                             |                        |   |                       |                 |  |   |
|            |                            | J: Your E                           | Exper                  | ises  |                       |                 |  | 12/15   |
| Be a       | as complete a              | and accurate as                     | possible<br>eded, atta | . If two married people ar<br>ich another sheet to this             |                       |                 |  | or supplying correct                          |
| Pari       | t 1: Descri                | ribe Your Housel                    | hold                   |   |                       |                 |  |   |
| ١.         | No. Go to                  |                                     |                        |   |                       |                 |  |   |
|            |                            | o iine ∠.<br>es Debtor 2 live ii    | n a separ              | ate household?  |                       |                 |  |   |
|            | □N                         |                                     |                        |   |                       |                 |  |   |
|            | = ::                       | -                                   | t file Offic           | al Form 106J-2, <i>Expenses</i>                                     | for Separate House    | hold of Debte   | or 2.                                  |   |
| 2.         | Do you have                | e dependents?                       | □ No                   |   |                       |                 |  |   |
|            | Do not list D<br>Debtor 2. | ebtor 1 and                         | Yes.                   | Fill out this information for each dependent                        | Dependent's relati    |                 | Dependent's age                        | Does dependent live with you?                 |
|            | Do not state               | the                                 |                        |   |                       |                 |  | □ No  |
|            | dependents                 | names.                              |                        |   | Son                   |                 | 7                                      | Yes   |
|            |                            |                                     |                        |   | Son                   |                 | 11                                     | □ No  |
|            |                            |                                     |                        |   | 3011                  |                 |  | ■ Yes<br>□ No                                 |
|            |                            |                                     |                        |   |                       |                 |  | ☐ Yes   |
|            |                            |                                     |                        |   |                       |                 |  | □ No  |
|            |                            |                                     |                        |   |                       |                 |  | ☐ Yes   |
| 3.         |                            | oenses include<br>f people other th |                        | No  |                       |                 |  |   |
|            |                            | d your depender                     |                        | Yes   |                       |                 |  |   |
| Davi       |                            |                                     |                        | L. P  |                       |                 |  |   |
| Est<br>exp | imate your ex              |                                     | ur bankr               | y Expenses uptcy filing date unless y y is filed. If this is a supp |                       |                 |  |   |
|            |                            |                                     |                        | government assistance it  |                       |                 |  |   |
|            | ficial Form 10             |                                     | i nave in              | Juded it on <i>Schedule I. 1</i>                                    | our moome             |                 | Your expe                              | enses   |
| 4.         |                            | or home ownershind any rent for the |                        | nses for your residence. In<br>or lot.                              | nclude first mortgage | e<br>4. \$      |  | 1,500.00                                      |
|            | If not include             | led in line 4:                      |                        |   |                       |                 |  |   |
|            | 4a. Real e                 | estate taxes                        |                        |   |                       | 4a. \$          |  | 0.00  |
|            |                            | rty, homeowner's                    |                        |   |                       | 4b. \$          |  | 0.00  |
|            |                            |                                     |                        | upkeep expenses   |                       | 4c. \$          |  | 0.00  |
| 5.         |                            | owner's associati                   |                        | dominium dues<br><b>our residence,</b> such as ho                   | me equity loans       | 4d. \$<br>5. \$ |  | 0.00  |

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| Deptor 1 Casan                    | idra Evans  | Case num       | ber (if known)    |                           |
|-----------------------------------|---|----------------|-------------------|---------------------------|
| 6. Utilities:                     |   |                |                   |                           |
|                                   | ity, heat, natural gas  | 6a.            | \$                | 250.00                    |
|                                   | sewer, garbage collection   | 6b.            | · <u> </u>        | 100.00                    |
| ·                                 | one, cell phone, Internet, satellite, and cable services                          | 6c.            |                   | 250.00                    |
|                                   | Specify:  | 6d.            | ·                 | 0.00                      |
|                                   | usekeeping supplies   | 7.             | ·                 | 750.00                    |
|                                   | d children's education costs  | 8.             | \$                | 250.00                    |
|                                   | ndry, and dry cleaning  | 9.             |                   | 50.00                     |
| _                                 | e products and services   | 9.<br>10.      | ·                 |                           |
|                                   | dental expenses   | 11.            | ·                 | 50.00                     |
|                                   | •   | 11.            | Φ                 | 0.00                      |
|                                   | on. Include gas, maintenance, bus or train fare.<br>e car payments.               | 12.            | \$                | 150.00                    |
|                                   | nt, clubs, recreation, newspapers, magazines, and books                           | 13.            |                   | 0.00                      |
|                                   | ontributions and religious donations  | 14.            | · <u> </u>        | 0.00                      |
| 5. Insurance.                     | ontributions and religious donations  | 14.            | Ψ                 | 0.00                      |
|                                   | e insurance deducted from your pay or included in lines 4 or 20.                  |                |                   |                           |
| 15a. Life ins                     |   | 15a.           | \$                | 0.00                      |
| 15b. Health                       |   | 15b.           |                   | 0.00                      |
| 15c. Vehicle                      |   | 15c.           | ·                 | 100.00                    |
|                                   | nsurance. Specify:  | 15d.           | ·                 | 0.00                      |
|                                   | t include taxes deducted from your pay or included in lines 4 or 20.              | 130.           | Ψ                 | 0.00                      |
| Specify:                          | it include taxes deducted from your pay or included in lines 4 or 20.             | 16.            | \$                | 0.00                      |
|                                   | or lease payments:  |                | Ψ                 | 0.00                      |
|                                   | yments for Vehicle 1  | 17a.           | \$                | 404.00                    |
|                                   | yments for Vehicle 2  | 17b.           | ·                 | 0.00                      |
| 17c. Other.                       |   | 17c.           | ·                 | 0.00                      |
| 17d. Other.                       |   | 17d.           | ·                 |                           |
|                                   | opecity.<br>nts of alimony, maintenance, and support that you did not report      |                | Φ                 | 0.00                      |
|                                   | m your pay on line 5, Schedule I, Your Income (Official Form 106)                 |                | \$                | 0.00                      |
|                                   | ents you make to support others who do not live with you.                         |                | \$                | 0.00                      |
| Specify:                          | you make to cappe to an income more and income you.                               | 19.            |                   | 0.00                      |
| . ,                               | operty expenses not included in lines 4 or 5 of this form or on So                |                | our Income.       |                           |
|                                   | ges on other property   | 20a.           |                   | 0.00                      |
| 20b. Real es                      |   | 20b.           |                   | 0.00                      |
|                                   | ty, homeowner's, or renter's insurance  | 20c.           | ·                 | 0.00                      |
|                                   | nance, repair, and upkeep expenses  | 20d.           | ·                 | 0.00                      |
|                                   | wner's association or condominium dues  | 20a.<br>20e.   | ·                 |                           |
|                                   |   |                | ·                 | 0.00                      |
| <ol> <li>Other: Specif</li> </ol> | y:  | 21.            | +\$               | 0.00                      |
| 2. Calculate vo                   | ur monthly expenses   |                |                   |                           |
| •                                 | s 4 through 21.   |                | \$                | 3,854.00                  |
|                                   | e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-            | 2              | \$                | 2,00 1100                 |
|                                   |   |                | \$                | 2 054 00                  |
| ZZG. AUU IIITE                    | 22a and 22b. The result is your monthly expenses.                                 |                | Ψ                 | 3,854.00                  |
| 3. Calculate yo                   | ur monthly net income.  |                |                   |                           |
| 23a. Copy li                      | ne 12 (your combined monthly income) from Schedule I.                             | 23a.           | \$                | 3,785.00                  |
|                                   | our monthly expenses from line 22c above.   | 23b.           | -\$               | 3,854.00                  |
| .,,,                              |   |                | ·                 | 2,2200                    |
| 23c. Subtrac                      | ct your monthly expenses from your monthly income.                                |                |                   |                           |
|                                   | sult is your monthly net income.  | 23c.           | \$                | -69.00                    |
|                                   | •   |                |                   |                           |
|                                   | ct an increase or decrease in your expenses within the year after                 |                |                   |                           |
|                                   | byou expect to finish paying for your car loan within the year or do you expect y | our mortgage p | payment to increa | ase or decrease because o |
| _                                 | the terms of your mortgage?   |                |                   |                           |
| ■ No.                             |   |                |                   |                           |
| ΠYes                              | Explain here:   |                |                   | ·                         |

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| Fill in this infor              | mation to identify your   | case:                      |                            |                            |                                  |
|---------------------------------|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------------|
| Debtor 1                        | Casandra Evans            |                            |                            |                            |                                  |
|                                 | First Name                | Middle Name                | Last Name                  |                            |                                  |
| Debtor 2<br>(Spouse if, filing) | First Name                | Middle Name                | Last Name                  |                            |                                  |
| (Opodae II, IIIIIg)             | i iist ivailie            | Wildle Name                | Last Name                  |                            |                                  |
| United States Ba                | ankruptcy Court for the:  | NORTHERN DISTRICT          | OF ILLINOIS                |                            |                                  |
| Case number                     |                           |                            |                            |                            |                                  |
| (if known)                      |                           |                            |                            |                            | ☐ Check if this is an            |
|                                 |                           |                            |                            |                            | amended filing                   |
| 1                               |                           |                            |                            |                            |                                  |
|                                 |                           |                            |                            |                            |                                  |
| Official For                    | m 106Dec                  |                            |                            |                            |                                  |
| Declara                         | tion About a              | an Individual              | Debtor's Sc                | hedules                    | 12/15                            |
| Declara                         | tion About t              | an marviadar               | DCDIOI 3 OC                | ilcuaic3                   | 12/15                            |
| If two married n                | eonle are filing togethe  | r, both are equally respon | nsible for supplying corr  | rect information           |                                  |
| ii two marrica p                | copie are ming togethe    | i, both are equally respon | noible for supplying con   | cot illiorination.         |                                  |
|                                 |                           |                            |                            |                            | ent, concealing property, or     |
| obtaining mone                  | y or property by fraud i  | n connection with a bank   | ruptcy case can result in  | n fines up to \$250,000, c | or imprisonment for up to 20     |
| years, or both.                 | 18 U.S.C. §§ 152, 1341, 1 | 1519, and 3571.            |                            |                            |                                  |
|                                 |                           |                            |                            |                            |                                  |
| Sig                             | n Below                   |                            |                            |                            |                                  |
| Sig                             | III Delow                 |                            |                            |                            |                                  |
| Did vou ne                      |                           | ana wha ia NOT an attar    | may ta halm yay fill aut h | ankrumtav farma?           |                                  |
| Dia you pa                      | ly or agree to pay some   | one who is NOT an attor    | ney to neip you iiii out b | ankruptcy forms?           |                                  |
| ■ No                            |                           |                            |                            |                            |                                  |
| -                               |                           |                            |                            |                            |                                  |
| ☐ Yes.                          | Name of person            |                            |                            |                            | otcy Petition Preparer's Notice, |
|                                 |                           |                            |                            | Declaration, an            | nd Signature (Official Form 119) |
|                                 |                           |                            |                            |                            |                                  |
|                                 |                           | that I have read the sum   | mary and schedules filed   | d with this declaration a  | and                              |
| that they a                     | re true and correct.      |                            |                            |                            |                                  |
| X /s/ Ca                        | sandra Evans              |                            | X                          |                            |                                  |
|                                 | dra Evans                 |                            | Signature of               | Debtor 2                   |                                  |
|                                 | ire of Debtor 1           |                            | - 3                        |                            |                                  |

Date \_\_\_\_\_

Date June 11, 2016

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| Fi <u>ll in</u>  | this inform                                | ation to identify you                       | r case:                                    |   |   |   |
|------------------|--|---|--|---|---|---|
| Debto            |  | Casandra Evans                              |  |   |   |   |
|                  |  | First Name                                  | Middle Name                                | Last Name   |   |   |
| Debto<br>(Spouse | or 2<br>e if, filing)                      | First Name                                  | Middle Name                                | Last Name   |   |   |
| United           | d States Ban                               | kruptcy Court for the:                      | NORTHERN DISTRICT (                        | OF ILL INOIS  |   |   |
| Onnec            | d Claics Dan                               | Kraptcy Court for the.                      | NORTHERN DIOTRIOT                          | or illimoto   |   |   |
| Case<br>(if know | number                                     |   |  |   | _   | Check if this is an mended filing                     |
| ∩ffi             | cial For                                   | m 107                                       |  |   |   |   |
|                  |  |   | Affairs for Individ                        | duals Filing for B  | ankruptcy   | 4/10  |
| inform           | nation. If mo                              | ore space is needed,<br>). Answer every que | attach a separate sheet to                 | this form. On the top of any  | equally responsible for sup<br>y additional pages, write you    |   |
|                  |  | current marital statu                       |  |   |   |   |
|                  | <ul><li>Married</li><li>Not marr</li></ul> | ied   |  |   |   |   |
| 2. D             | uring the la                               | st 3 years, have you                        | lived anywhere other than                  | where you live now?   |   |   |
|                  | ■ No<br>■ Yes. List                        | all of the places you l                     | ived in the last 3 years. Do no            | ot include where you live now   | <i>ı</i> .  |   |
| [                | Debtor 1 Price                             | or Address:                                 | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | dress:  | Dates Debtor 2<br>lived there                         |
|                  |  |   |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |
|                  | ■ No<br>] Yes. Mak                         | e sure you fill out <i>Scl</i>              | nedule H: Your Codebtors (O                | fficial Form 106H).   |   |   |
| Part 2           | Explain                                    | the Sources of You                          | r Income                                   |   |   |   |
| F                | ill in the total                           | amount of income yo                         | u received from all jobs and a             | ng a business during this yeall businesses, including parter together, list it only once ur |   | ndar years?   |
|                  |  | n the details.                              |  |   |   |   |
|                  | _ 103.1411                                 | actails.                                    |  |   |   |   |
|                  |  |   | Debtor 1                                   | Cross in same   | Debtor 2  | Creas Income  |
|                  |  |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                       | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                  |  | of current year until<br>for bankruptcy:    | ■ Wages, commissions, bonuses, tips        | \$32,820.00   | ☐ Wages, commissions, bonuses, tips                             |   |
|                  |  |   | ☐ Operating a business                     |   | ☐ Operating a business  |   |

Official Form 107

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Case number (if known) Debtor 1 Casandra Evans

|     |   |  |  | Debtor 1   |  | Debtor 2  |   |   |
|-----|---|--|--|--|--|---|---|---|
|     |   |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of inc<br>Check all that a  |   | Gross income<br>(before deductions<br>and exclusions) |
|     | last caler<br>nuary 1 to                  | ndar year:<br>December :                       | 31, 2015 )   | ■ Wages, commissions, bonuses, tips  | \$60,980.00  | ☐ Wages, combonuses, tips   | missions,                                 |   |
|     |   |  |  | ☐ Operating a business   |  | ☐ Operating a   | business                                  |   |
|     |   | dar year bet<br>December 3                     |  | ■ Wages, commissions, bonuses, tips  | \$66,135.00  | ☐ Wages, combonuses, tips   | missions,                                 |   |
|     |   |  |  | ☐ Operating a business   |  | ☐ Operating a   | business                                  |   |
| 5.  | Include in and other winnings.  List each | come regard<br>public benef<br>If you are fili | less of wheth<br>it payments; p<br>ng a joint cas<br>he gross inco   | e during this year or the two<br>er that income is taxable. Exa<br>pensions; rental income; inter<br>e and you have income that y<br>me from each source separar                                   | amples of other income are<br>lest; dividends; money colle<br>you received together, list it   | alimony; child supp<br>ected from lawsuits;<br>only once under De   | royalties; and<br>ebtor 1.                |   |
|     |   |  |  | Debtor 1   |  | Debtor 2  |   |   |
|     |   |  |  | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions)   | Sources of inc<br>Describe below  |   | Gross income<br>(before deductions<br>and exclusions) |
| Par | rt 3: Lis                                 | t Certain Pa                                   | yments You   | Made Before You Filed for  | Bankruptcy   |   |   |   |
| 6.  | □ No.                                     | Neither De individual puring the No. Yes       | ebtor 1 nor D primarily for a 90 days befo Go to line 7. List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo Go to line 7. List below e include payi | ach creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for the<br>on 4/01/19 and every 3 years<br>or both have primarily consure<br>you filed for bankruptcy, di | Imer debts. Consumer deal depurpose."  In dispurpose."  In dispurpose."  In dispurpose."  In dispurpose.  In dispurpose and consumer debts.  In dispurpose and consumer debts. | al of \$6,425* or mo<br>in one or more pay<br>igations, such as ch<br>n or after the date of<br>tal of \$600 or more? | re? rments and the support a fadjustment. | ne total amount you<br>nd alimony. Also, do           |
|     | Creditor                                  | 's Name and                                    | •  | Dates of payme   | nt Total amount  | Amount you  | Was this n                                | payment for   |
|     | Orealtor                                  | 5 Hame all                                     | Audicaa  | Dates of payme   | paid   | still owe   | mas uns p                                 | ayment for  |

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No |                              |                     | al partner; corporations agent, including one for |                     |                       |
|-----|---|------------------------------|---------------------|---|---------------------|-----------------------|
|     | ☐ Yes. List all payments to an insider.   |                              |                     |   |                     |                       |
|     | Insider's Name and Address  | Dates of payment             | Total amount paid   | Amount you still owe                              | Reason for          | this payment          |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  |                              | ments or transfer a | any property on a                                 | eccount of a d      | ebt that benefited an |
|     | ■ No □ Yes, List all payments to an insider   |                              |                     |   |                     |                       |
|     | ☐ Yes. List all payments to an insider  Insider's Name and Address  | Dates of payment             | Total amount paid   | Amount you still owe                              |                     | this payment          |
|     |   |                              | paid                | Still OWC   | molade cree         | and 3 name            |
| Par | t 4: Identify Legal Actions, Repossession   | ns, and Foreclosures         |                     |   |                     |                       |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No  |                              |                     |   |                     |                       |
|     | Yes. Fill in the details.   |                              |                     |   |                     |                       |
|     | Case title Case number  | Nature of the case           | Court or agency     |   | Status of the       | ne case               |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below.  No. Go to line 11.   |                              | rty repossessed, f  | oreclosed, garni                                  | shed, attache       | d, seized, or levied? |
|     | Yes. Fill in the information below.   |                              |                     |   |                     |                       |
|     | Creditor Name and Address   | Describe the Property        |                     | Date  |                     | Value of the          |
|     | Ground Humb und Address   |                              |                     | Julio   |                     | property              |
|     |   | Explain what happened        |                     |   |                     |                       |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No  ☐ Yes. Fill in the details.  |                              | uding a bank or fii | nancial institutio                                | n, set off any a    | amounts from your     |
|     | Creditor Name and Address   | Describe the action the      | creditor took       | Date  | action was          | Amount                |
|     | taken   |                              |                     |   |                     |                       |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No  |                              | rty in the possess  | ion of an assigne                                 | ee for the ben      | efit of creditors, a  |
|     | ☐ Yes   |                              |                     |   |                     |                       |
| Par | t 5: List Certain Gifts and Contributions   |                              |                     |   |                     |                       |
| 13. | Within 2 years before you filed for bankrup   | otcy, did you give any gifts | with a total value  | of more than \$60                                 | 00 per person       | ?                     |
|     | <ul><li>No</li><li>☐ Yes. Fill in the details for each gift.</li></ul>  |                              |                     |   |                     |                       |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts           |                     | Date<br>the g                                     | s you gave<br>jifts | Value                 |
|     | Person to Whom You Gave the Gift and Address:   |                              |                     |   |                     |                       |

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Page 41 of 55 Case number (if known) Document Debtor 1 Casandra Evans 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You VI O PC 05/07/2016 \$999.00 3818 S Harlem Lyons, IL 60534 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

**Person Who Received Transfer** Description and value of Address property transferred Person's relationship to you

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 Casandra Evans

| 19. | beneficiary? (These are often called asset-prot  |  | y property to a self-s        | ettled trust or similar device                       | of which you are a                            |
|-----|--|--|-------------------------------|--|---|
|     | No The state of th |  |                               |  |   |
|     | Yes. Fill in the details.  |  |                               |  |   |
|     | Name of trust  | Description and v  | alue of the property t        | transferred  | Date Transfer was made                        |
| Pai | t 8: List of Certain Financial Accounts, Inst  | truments, Safe Deposit   | Boxes, and Storage            | Units  |   |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred?   | •  |                               |  |   |
|     | Include checking, savings, money market, or houses, pension funds, cooperatives, associ  No  |  |                               | posit, silales III baliks, cieul                     | umons, brokerage                              |
|     | Yes. Fill in the details.  |  |                               |  |   |
|     |  | Last 4 digits of account number  | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?   | ear before you filed for   | bankruptcy, any safe          | e deposit box or other depos                         | itory for securities,                         |
|     | ■ No □ Yes. Fill in the details.   |  |                               |  |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                               | ribe the contents                                    | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  | r place other than your  | home within 1 year b          | pefore you filed for bankrupto                       | cy?   |
|     | ■ No   |  |                               |  |   |
|     | Yes. Fill in the details.  |  |                               |  |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                               | ribe the contents                                    | Do you still have it?                         |
| Pai | t 9: Identify Property You Hold or Control f   | •  |                               |  |   |
| 23. | Do you hold or control any property that som for someone.  | neone else owns? Inclu   | ude any property you          | borrowed from, are storing f                         | or, or hold in trust                          |
|     | ■ No □ Yes. Fill in the details.   |  |                               |  |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                               | ribe the property                                    | Value   |
| Pai | rt 10: Give Details About Environmental Info   | rmation  |                               |  |   |
| For | the purpose of Part 10, the following definitio  | ns apply:  |                               |  |   |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these  | e air, land, soil, surface   | e water, groundwater          |  |   |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos  | as defined under any e   |                               | hether you now own, operate                          | e, or utilize it or used                      |
|     | Hazardous material means anything an envir hazardous material, pollutant, contaminant, o   |  | as a hazardous waste          | e, hazardous substance, toxid                        | c substance,                                  |

Official Form 107

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Casandra Evans

| 24.   | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |                    |  |  |  |
|---|---|--|--|--------------------|--|--|--|
|   | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |
|   | Name of site Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                      | Date of notice     |  |  |  |
| 25.   | Have you notified any governmental unit of a  |  |  |                    |  |  |  |
|   | ■ No<br>□ Yes. Fill in the details.   |  |  |                    |  |  |  |
|   | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                      | Date of notice     |  |  |  |
| 26.   | Have you been a party in any judicial or admi   | nistrative proceeding under any enviro                                     | onmental law? Include settlements                      | and orders.        |  |  |  |
|   | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |
|   | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                     | Status of the case |  |  |  |
| Par   | 11: Give Details About Your Business or Co  | onnections to Any Business   |  |                    |  |  |  |
| 27.   | Within 4 years before you filed for bankruptcy  | y, did you own a business or have any                                      | of the following connections to any                    | y business?        |  |  |  |
|   | lacksquare A sole proprietor or self-employed in  | a trade, profession, or other activity, e                                  | ither full-time or part-time                           |                    |  |  |  |
|   | ☐ A member of a limited liability compa   | ny (LLC) or limited liability partnership                                  | (LLP)  |                    |  |  |  |
|   | ☐ A partner in a partnership  |  |  |                    |  |  |  |
|   | ☐ An officer, director, or managing exec  | cutive of a corporation  |  |                    |  |  |  |
|   | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |  |                    |  |  |  |
|   | ■ No. None of the above applies. Go to Pa   | rt 12.   |  |                    |  |  |  |
|   | ☐ Yes. Check all that apply above and fill in   | n the details below for each business.                                     |  |                    |  |  |  |
|   |   | Describe the nature of the business  | Employer Identification numbe                          |                    |  |  |  |
|   | Address<br>(Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper   | Do not include Social Security  Dates business existed | number of ITIN.    |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include al institutions, creditors, or other parties. |   |  | ude all financial                                      |                    |  |  |  |
|   | ■ No<br>□ Yes. Fill in the details below.   |  |  |                    |  |  |  |
|   | Name Address (Number, Street, City, State and ZIP Code)   | Date Issued  |  |                    |  |  |  |
|   |   |  |  |                    |  |  |  |

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Debtor 1 Casandra Evans

| Part 12: Sign Below                     |  |                  |
|---|--|------------------|
| are true and correct. I understand that | ment of Financial Affairs and any attachments, and I declare under penalty making a false statement, concealing property, or obtaining money or prones up to \$250,000, or imprisonment for up to 20 years, or both. |                  |
| /s/ Casandra Evans                      |  |                  |
| Casandra Evans                          | Signature of Debtor 2  |                  |
| Signature of Debtor 1                   |  |                  |
| Date June 11, 2016                      | Date   |                  |
| Did you attach additional pages to Yo   | ır Statement of Financial Affairs for Individuals Filing for Bankruptcy (Offi  | icial Form 107)? |
| No                                      |  |                  |
| ☐ Yes                                   |  |                  |
| Did you pay or agree to pay someone     | who is not an attorney to help you fill out bankruptcy forms?  |                  |
| ■ No                                    |  |                  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform                    | nation to identify your o                       | ase:                                       |                           |   |                                   |  |
|--|---|--|---------------------------|---|-----------------------------------|--|
| Debtor 1                               | Casandra Evans                                  |  |                           |   | _                                 |  |
| <b>D</b> 1 0                           | First Name                                      | Middle Name                                | La                        | ast Name  |                                   |  |
| Debtor 2<br>(Spouse if, filing)        | First Name                                      | Middle Name                                | La                        | ast Name  | _                                 |  |
|  |   |  |                           |   |                                   |  |
| United States Bar                      | nkruptcy Court for the:                         | NORTHERN DIST                              | TRICT OF ILLING           | DIS   | _                                 |  |
| Case number                            |   |  |                           |   |                                   |  |
| (if known)                             |   |  |                           |   |                                   | ☐ Check if this is an                                      |
|  |   |  |                           |   |                                   | amended filing   |
|  |   |  |                           | iling Under Cha   | pter 7                            | 12/15  |
|  | claims secured by you                           | -  | i out tills form i        | ·   |                                   |  |
| _                                      |   |  | at avaisad                |   |                                   |  |
| You must file this                     | ver is earlier, unless the                      | ithin 30 days after                        | you file your ba          | nkruptcy petition or by the da<br>e. You must also send copies                                      | ate set for the<br>to the credite | e meeting of creditors,<br>ors and lessors you list        |
|  | ople are filing together<br>d date the form.    | in a joint case, bo                        | th are equally re         | esponsible for supplying corr   | ect informati                     | on. Both debtors must                                      |
|  | nd accurate as possibl<br>our name and case num |  | s needed, attach          | a separate sheet to this form   | . On the top                      | of any additional pages,                                   |
| Part 1: List Yo                        | ur Creditors Who Have                           | Secured Claims                             |                           |   |                                   |  |
| 1. For any credito                     |   | rt 1 of Schedule D                         | : Creditors Who           | Have Claims Secured by Pro  | perty (Officia                    | al Form 106D), fill in the                                 |
|  | ditor and the property th                       | at is collateral                           | What do you secures a del | intend to do with the property  |                                   | id you claim the property s exempt on Schedule C?          |
|  |   |  |                           |   |                                   |  |
| Creditor's Ca                          | apital One Auto Fina                            | n  | ☐ Surrender               | the property. property and redeem it.   |                                   | l No   |
|  |   |  | _                         | property and enter into a   |                                   | Yes  |
| Description of                         | 2014 Chevy Equino                               | x 25000                                    |                           | tion Agreement.   |                                   |  |
| property securing debt:                | miles   |  |                           | property and [explain]:   |                                   |  |
|  |   |  |                           |   |                                   |  |
| For any unexpired in the information   | n below. Do not list rea                        | ise that you listed<br>I estate leases. Un | expired leases            | Executory Contracts and Une<br>are leases that are still in effe<br>s not assume it. 11 U.S.C. § 36 | ct; the lease                     | es (Official Form 106G), fill<br>period has not yet ended. |
|  |   | , p p                                      |                           | • • • • • • • • • • • • • • • • • • •   | - (1-)(-)-                        |  |
| Describe your ur                       | nexpired personal prop                          | erty leases                                |                           |   | Will th                           | e lease be assumed?  |
| Lessor's name:                         |   |  |                           |   | п                                 |  |
| Lessor's name:<br>Description of lease | sed   |  |                           |   | ☐ No                              |  |
| Property:                              |   |  |                           |   | ☐ Yes                             | S  |
|  |   |  |                           |   |                                   | -  |
| Lessor's name:                         |   |  |                           |   | □ No                              |  |
| Description of lease                   | sed   |  |                           |   | п.,                               | _  |
| Property:                              |   |  |                           |   | ☐ Ye                              | S  |
| Lessor's name:                         |   |  |                           |   | П Мо                              |  |

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

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| Del                                  | btor 1    | Casandra Evans  | Case number (if known)   |                               |
|--------------------------------------|-----------|---|--|-------------------------------|
|                                      |           | n of leased   |  | _                             |
| Pro                                  | perty:    |   |  | ☐ Yes                         |
|                                      | ssor's na | ame:<br>n of leased   |  | □ No                          |
|                                      | perty:    | . 6. 164664   |  | ☐ Yes                         |
|                                      | ssor's na | ame:<br>n of leased   |  | □ No                          |
|                                      | perty:    | 101104004   |  | ☐ Yes                         |
| Lessor's name: Description of leased |           |   |  | □ No                          |
|                                      | perty:    | Torreased   |  | ☐ Yes                         |
|                                      | ssor's na |   |  | □ No                          |
|                                      | pperty:   | n of leased   |  | ☐ Yes                         |
| Pai                                  | rt 3:     | Sign Below  |  |                               |
|                                      |           | alty of perjury, I declare that I have i<br>lat is subject to an unexpired lease. | ndicated my intention about any property of my estate that sec | cures a debt and any personal |
| Χ                                    | /s/ C     | asandra Evans   | X  |                               |
|                                      |           | andra Evans<br>ture of Debtor 1   | Signature of Debtor 2  |                               |
|                                      | Date      | June 11, 2016   | Date   |                               |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-19274 Doc 1 Filed 06/11/16 Entered 06/11/16 13:26:25 Desc Main Document Page 51 of 55

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re | e Casandra Evans  |   | Case No   | Э.                       |                 |  |
|-------|---|---|---|--------------------------|-----------------|--|
|       |   | Debtor(s)   | Chapter   | 7                        |                 |  |
|       | DISCLOSURE OF COMP  | ENSATION OF ATTOR   | NEY FOR I   | DEBTOR(S)                |                 |  |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the f be rendered on behalf of the debtor(s) in contemplation   | filing of the petition in bankruptcy,   | or agreed to be pa                                  | id to me, for services i |                 |  |
|       | For legal services, I have agreed to accept   |   | \$  | 999.00                   |                 |  |
|       | Prior to the filing of this statement I have received   | ed  | \$  | 999.00                   |                 |  |
|       | Balance Due   |   | \$  | 0.00                     |                 |  |
| 2.    | The source of the compensation paid to me was:  |   |   |                          |                 |  |
|       | ■ Debtor □ Other (specify):   |   |   |                          |                 |  |
| 3.    | The source of compensation to be paid to me is:   |   |   |                          |                 |  |
|       | ■ Debtor □ Other (specify):   |   |   |                          |                 |  |
| 4.    | ■ I have not agreed to share the above-disclosed co   | empensation with any other person u   | inless they are me                                  | embers and associates    | of my law firm. |  |
|       | ☐ I have agreed to share the above-disclosed competopy of the agreement, together with a list of the  |   |   |                          | law firm. A     |  |
| 5.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |   |                          |                 |  |
|       | <ul> <li>a. Analysis of the debtor's financial situation, and rest.</li> <li>b. Preparation and filing of any petition, schedules, sometimes.</li> <li>c. Representation of the debtor at the meeting of cred.</li> <li>d. Representation of the debtor in adversary proceed.</li> <li>e. [Other provisions as needed]</li> <li>Negotiations with secured creditors to the provisions.</li> </ul> | statement of affairs and plan which ditors and confirmation hearing, an lings and other contested bankruptc | may be required;<br>d any adjourned h<br>y matters; | nearings thereof;        |                 |  |
|       | reaffirmation agreements and applica 522(f)(2)(A) for avoidance of liens on   | tions as needed; preparation  |   |                          |                 |  |
| 6.    | By agreement with the debtor(s), the above-disclosed  | fee does not include the following  | service:  |                          |                 |  |
|       |   | CERTIFICATION   |   |                          |                 |  |
| this  | I certify that the foregoing is a complete statement of bankruptcy proceeding.  | any agreement or arrangement for  | payment to me fo                                    | r representation of the  | debtor(s) in    |  |
| _     | June 11, 2016   | /s/ Rayed Yasin   |   |                          |                 |  |
| 1     | Date  | Rayed Yasin Signature of Attorney   | ,   |                          |                 |  |
|       |   | VLO PC  | •   |                          |                 |  |
|       |   | 3818 S Harlem<br>Lyons, IL 60534  |   |                          |                 |  |
|       |   | 312-600-7000 Fax  |   | }                        |                 |  |
|       |   | docs@victorylawe  Name of law firm  | office.com  |                          |                 |  |
|       |   | <i>мате ој taw jirm</i>   |   |                          |                 |  |

### United States Bankruptcy Court Northern District of Illinois

| In re | Casandra Evans                             |   | Case No.                      |               |
|-------|--|---|-------------------------------|---------------|
|       |  | Debtor(s)   | Chapter 7                     |               |
|       | VE   | RIFICATION OF CREDITOR M                              | IATRIX                        |               |
|       |  | Number of   | Creditors:                    | 28            |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi                | tors is true and correct to t | he best of my |
| Date: | June 11, 2016                              | /s/ Casandra Evans Casandra Evans Signature of Debtor |                               |               |

AFD Frankfort 21188 S LaGrange Rd Frankfort, IL 60423

Arbor Center for Eyecare 2640 W 183rd ST Homewood, IL 60430

Blitt and Gaines 661 Glenn Ave Wheeling, IL 60090

Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093

Cavalry Portfolio Serv Po Box 27288 Tempe, AZ 85285

Chase Mtg Po Box 24696 Columbus, OH 43224

City of Country Club Hills PO Box 1368 Elmhurst, IL 60126

Credit One Bank Na Po Box 98875 Las Vegas, NV 89193

Creditors Financial Group PO Box 440290 Aurora, CO 80044

Early Intervention PO Box 3725 Springfield, IL 62708

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256 Harris 111 West Jackson B Suite 400 Chicago, IL 60604

Harris and Harris 222 Merchandise Mart Plaza #1900 Chicago, IL 60654

Health Lab 25 N Winfield Rd Winfield, IL 60190

Homeq Servicing Po Box 13716 Sacramento, CA 95853

Katerji Pediatric Neurology PO Box 3727 Oak Brook, IL 60522

Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

McMahan-Clemis Ins of Otalaryngolog 151 N Michigan Suite 913 Chicago, IL 60601

Medical Recovery Specialists 2250 E Devon Ave Ste 352 Des Plaines, IL 60018

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

Northwestern Medicine 28155 Network Place Chicago, IL 60673

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502 Radiology Imaging Consultants 75 Remittance Dr Dept 1324 Chicago, IL 60675-4000

Superior PO Box 1407 Carol Stream, IL 60128

The University of Chicago Physician 75 Remittance Dr #1385 Chicago, IL 60675

Trustmark Recovery 541 Otis Bowen Dr Munster, IN 46321

University of Chicago Medical Cente 15965 Collections Center Dr Chicago, IL 60693

Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350